

**FUND FOR THE IMPROVEMENT OF POSTSECONDARY EDUCATION
SPECIAL FOCUS PROJECTS**

**Program for North American Mobility in Higher Education
TITLE PAGE**

This Application should be sent to:

No. 84.339
U.S. Department of Education
Application Control Center, Room 3633
Washington, D.C. 20202-4725

1. Application Number: _____
2. D-U-N-S Number _____
3. Consortium Identification No. _____

4. Project Director (Name and Complete Mailing Address):

5. Legal Applicant:

Tel: _____ Fax: _____

Email: _____

6. Consortium Members:

United States
(Lead) _____

Canada
(Lead) _____

Mexico
(Lead) _____

7. Project Title:

8. Brief Abstract of Proposal (DO NOT LEAVE THIS BLANK):

9. Federal Funds Requested:

1st year (limit to \$25,000) _____

2nd year _____

3rd year _____

4th year _____

10. Duration of Project:

Starting Date _____

Ending Date _____

Total No. of Months _____

11. Certification by Authorizing Official. The applicant certifies to the best of his/her knowledge and belief that the data in this application are true and correct and that the filing of the application has been duly authorized by the governing body of the applicant.

Name

Title

Phone

Signature

Date